



TEACHING ASSOCIATE SUBSTITUTE APPOINTMENT
(To be used for TA subbing for another TA only)

Name _____ CWID _____

Position Number for Substitute Assignment 242- _____ -2453 _____ CMS Positon Number _____

Term Effective Date _____ Term End Date _____

Department Name: _____ Department ID: _____ Department Unit Number: _____

Current number of hours employed at CSUF before substitute assignment: _____

Substitute Assignment Course Number(s) _____

Total number of hours: _____ Total Compensation: _____ Hourly Rate: _____

Base Pay: _____

(For 12-month appointment: annual base pay divided by 2080 hours = hourly rate)

(For AY appointments: academic work days + holidays that fall within the AY = total X 8 = hours worked if full time. Divide annual base pay by hours worked if full time = hourly rate.)

Name of teaching associate requiring substitute Reason (If reason is other than illness, please attach an explanation)

Additional Comments

Note: In order for a substitute teaching associate to be paid, a positive attendance report must be completed showing the actual hours worked in each pay period. It must be submitted separately from other attendance forms to Payroll Services no later than the day following the end of the pay period. For appointments spanning over multiple pay periods, a separate attendance report must be filed for each pay period. Payment is normally made on the 15th of the month following processing of the appointment.

Form Completed By: _____
Name/Extension Date

Recommended By:
Department Chair _____
Signature Date

College Dean _____
Signature Date

Forward to CP – 700. Please do not obtain faculty signature until the offer has been reviewed.

Reviewed By: _____
Signature Date

I accept the appointment as specified above.

Substitute Signature _____
Signature Date



TEACHING ASSOCIATE TIME SHEET

Month/Year: _____

Last Name: _____ First Name: _____ Middle Initial: _____

SSN: _____ CMS Position Number: _____ Reporting Unit: _____

Record the hours the employee lectured as well as the hours spent in labs/or activity for each day worked. Time must be reported in increments no smaller than one-half hour.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Lecture (Hours)																
Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Lecture (Hours)																

Hours Total: _____

RANGE CODE: _____

0 – TEACHING ASSOCIATE

COMPENSATION:

Hourly Rate of Pay:	
Number of Lecture Hours:	
Total Payment Due:	

Employee Signature

Date

Department Chair Signature

Date